

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:  
0 4 - 0 0 2

2. STATE  
GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
July 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1902 (r)(2) of The Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2004 \$ No Budget Impact  
b. FFY 2005 \$ " " "

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8b to Attachment 2.6-A, p 2

Attachment 2.2-A, Page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 8b to Attachment 2-6-A. p 2

Attachment 2.2-A, page 12

10. SUBJECT OF AMENDMENT:

TREATMENT OF INCOME PRODUCING PROPERTY AFFECTING MEDICAID ELIGIBILITY

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: MARK TRAIL

14. TITLE: CHIEF, MEDICAL ASSISTANCE PLANS

15. DATE SUBMITTED: June 28, 2004

16. RETURN TO:  
Department of Community Health  
Medical Assistance Plans  
2 Peachtree Street, N.W.  
Atlanta, Georgia 30303-31559

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
07/06/2004

18. DATE APPROVED:  
09/23/2004

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
07/01/2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Renard L. Murray, D.M.

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

Pen & Ink change authorized per SA Letter dated September 2, 2004

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902 ® (2) OF THE ACT

B. Exclusion of Resources in the Determination of  
Eligibility

3. Vehicles owned by the recipient or spouse are excluded as resources regardless of number owned or used.
4. Household goods and personal effects are excluded regardless of value.
5. Accrued dividends on any life insurance policy are exempt as resources.
6. Income producing real property is excluded as a resource; income produced from such property is not exempt.
7. Any life interest in real property owned by the applicant/recipient or spouse in whole or in part is exempt from resources.
8. The following resource methodology applies to children covered under Section 1902 (a) (10) (A) (ii) (I) of the Act who are defined in Section 1905 (a) (i) of the Act.

Effective July 1, 1993, all resources will be excluded in determining eligibility for individuals under 19 years of age who are described in subsection 1905 (a) (i) of the Act.

STATE: Georgia

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (continued)

42 CFR 435.220

6. Individuals who would be eligible for AFDC if their work-related child-care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child-care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

1902(a)(10)(A)(ii) and  
1905(a) of the Act

The State covers only the following group or groups of individuals:

\_\_\_\_ Individuals under the age of

\_\_\_\_ 21

\_\_\_\_ 20

\_\_\_\_ 19

\_\_\_\_ 18

\_\_\_\_ Caretaker relatives

\_\_\_\_ Pregnant women

IV-A 42 CFR 435.222  
1902(a)(10)(A)(ii) and  
1905 (a)(i) of the Act

7. x a. All individuals who are not described in Section 1902 (a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21, as indicated below.

\_\_\_\_ 20

x 19

\_\_\_\_ 18